Nixon Peabody LLP

Attorneys at Law

Suite 900 401 9th Street, N.W. Washington, D.C. 20004-2128 (202) 585-8000

Fax: (202) 585-8080

PRIVILEGE AND CONFIDENTIALITY NOTICE

The information in this fax is intended for the named recipients only. It contains privileged and confidential matter. If you have received this fax in error, please notify us immediately by a collect telephone call to (202) 585-8000 and return the original to the sender by mail. We will reimburse you for postage. Do not disclose the contents to anyone. Thank you.

FAX

Date:

December 11, 2003

Pages (including cover): 3

To:

U.S. Patent and Trademark Office

Fax: 703 872-9306

Ph:

From:

Jeffrey A. Lindeman/ Phoebe M. Jones

Message:

Date:

December 11, 2003

Pages (including cover): 3

To:

U.S. Patent and Trademark Office

Fax: 703 872-9306

Ph:

From:

Phoebe M. Jones

Client/Matter:

030793-000001

User No.: 0251

Disbursement Amount: \$

					,	
			Application Number		09/973,956	
		Filing Date		10/11/01		
TRANSMITTAL		First Named Inventor		Ronald W. MINK		
FORM			Group Act Unit		1723	
(to be used for all correspondence after initial filing)		al filing)	Examiner Name		D. SORKIN	
Total Number of Pages in This Submission 2			Attorney Docket Number		030793-052100	
ENCLOSURES (check all that apply)						
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request	for a praw Deck Deck Deck Deck Deck Deck Deck Deck		n to Convert to a Provisional cation	0 0000 0	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Note: Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed prepaid postcard for	
☐ Information Disclosure Staten ☐ Certified Copy of Priority Document(s) ☐ Response to Missing Parts/ Incomplete Application ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53	s	Termina Request	of Correspondence Address d Disclaimer for Refund mber of CD(s)	\$ _	acknowledging receipt Other Enclosure(s) (please identify below):	
		Remarks The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.				
 	SIGNATUI	RE OF APPI	ACANT, ATTORNEY, O	OR A	GENT	
Firm or Individual name Signature Date	Jeffrey A. Lindoman, Reg. 34,658 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128 December 11, 2003					
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(2)]						
I hereby certify that this condeposited with the class mail in an en Alexandria, VA 22	respondence United Stativelope address 2313-1450 Simile on the	e is being: zes Postal Se ressed to: M	rvice on the date shown ail Stop, Con below to the United Standard Flace be	bek mmi ates Si	ow with sufficient postage as first ssioner for Patents, P. O. Box 1450, Patent and Trademark Office at	

NO. 8662

REVOCATION OF PREVIOUS POWER OF ATTORNEY, APPOINTMENT OF NEW POWER OF ATTORNEY OR AUTHORIZATION OF AGENT, AND CHANGE OF CORRESPONDENCE **ADDRESS**

Application Number	09/973,956
Filing Date	10/11/01
First Named Inventor	Ronald W. MINK
TiUe	Device for Collection of Assay of Oral Fluids
Group Art Unit	1723
Examiner Name	D. Sorkin
Arterney Docker Number	030793-052100

I hereby revoke all previous powers of attorney or authorizate application and appoint:	ons or agent given in the above-identified		
abhacanon and abhame	Place Customer		
Practitioners at Customer Number 22204	Number Bar Code		
OR	Label here		
Practitioner(s) named below			
Name	Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application	identified above, and to transact all business in the		
United States Patent and Trademark Office connected therew			
Please change the correspondence address for the above-iden	tified application to:		
The above-mentioned Customer Number			
OR	Place Customer		
☐ Practitioners at Customer Number	Number Bar Code		
	Label here		
OR □ Firm or			
Firm or Individual Name	1		
Address			
Address			
	tate Zip		
Country			
	ax		
I am the:			
☐ Applicant/Inventor.			
Assignee of record of the entire interest. A copy of an	assignment from the inventor(s) of the patent		
application/patent identified above is attached.			
SIGNATURE of Applicant of	Assignee of Record		
	live Prosident OvaSure Technologies, A		
1 to -1/2 1/2 1 at - 2/2 5 at	the lackward and record for unbushed by		
Signature Int: Jenat			
Signature Int : Jenett Date October 3, 2003			
Signature Jul: Jenett			

SEND TO: Coornissions of for Patents P.O. Box 1450 Alexandria, VA 22313-1450